



Application No. (if known): 10/076,905

Attorney Docket No.: 02420/1001249-US2

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

*EV834734546-US*

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on August 3, 2006  
Date

*Lillian Garcia*  
Signature

Lillian Garcia  
Typed or printed name of person signing Certificate

N/A  
Registration Number, if applicable

(212) 527-7700  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment in Response to Non-Final Office Action (18 pages) with  
Exhibit 1 (2 pages)  
Amendment Transmittal (1 page)  
Two Month Request for Extension of Time (1 page)  
Fee Transmittal (1 page)  
Check in the amount of \$625.00 12354  
Return Receipt Postcard

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
02420/1001249-US2Application No.  
10/076,905-Conf. #1884Filing Date  
February 14, 2002Examiner  
S. L. RawlingsArt Unit  
1643

Applicant(s): Ze'ev Ronai

Invention: INHIBITION OF ATF2 ACTIVITY TO TREAT CANCER

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	46	- 50 =	0	x	
Independent Claims	9	- 5 =	4	x 400.00	400.00
Multiple Dependent Claims (check if applicable)				<input checked="" type="checkbox"/> (previously paid fee on 8/17/04)	
Other fee (please specify): Extension for response within second month					225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>625.00</b>

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 04-0100 in the amount of \$ \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 625.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
S. Peter Ludwig  
Attorney/Agent Reg. No.: 25,351

Dated: August 3, 2006

DARBY & DARBY P.C.  
P.O. Box 5257  
New York, New York 10150-5257  
(212) 527-7770



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/076,905-Conf. #1884
		Filing Date	February 14, 2002
		First Named Inventor	Ze'ev Ronai
		Examiner Name	S. L. Rawlings
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1643	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 625.00	Attorney Docket No.	02420/100I249-US2

**METHOD OF PAYMENT** (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
46	- 50 = 0	x 0.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
9	- 5 = 4	x 100.00 =	400.00

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
_____	_____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____ =	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	25,351	Telephone	(212) 527-7770
Signature				Date	August 3, 2006
Name (Print/Type)	S. Peter Ludwig				